

**DISCLOSURE SUMMARY PAGE****COMMITTEE NAME** (Must be same as on Statement of Organization)Rayhons for State RepresentativeIMPORTANT: Indicate by # type of committee you are reporting for: ☐( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC  
( 11 ) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Henry V. Rayhons

Political Party (if applicable)

Republican

Office Sought

State RepresentativeDistrict (if ~~Senate~~ for House)11

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

FORM

**DR-2**

(Rev. 12/2005)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

Logged in

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-3701Henry V. Rayhons  
**SIGNATURE OF PERSON FILING REPORT**641-923-2979  
**TELEPHONE**1-6-08  
**DATE SIGNED**I AM FILING A Jan. 19<sup>th</sup>, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

128.96**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below).....

1,013.15

Schedule F: Loans Received total (Attach Schedule F) .....

1,500.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

\$

2,642.11**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) .....

2,138.55

Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....

\$

503.56**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D).....

\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....

\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....

\$

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:****VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 3-30-07                     | ID#<br>CK# 1670   | Richard Formanek<br>1450 280th St.<br>Garner, IA 50438                        |  | \$ 438.15          | <input type="checkbox"/>              |
| ✓ 5-24-07                   | ID# 6027<br>CK# 2547  | Deer - IA<br>666 Grand Ave<br>Des Moines, IA 50309                            |  | 250.00             | <input type="checkbox"/>              |
| ✓ 9-8-07                    | ID# 6067<br>CK#   | Iowa Health Pac Suite 100<br>6750 Weston Parkway<br>West Des Moines, IA 50266 |  | 200.00             | <input type="checkbox"/>              |
| ✓ 11-18-07                  | ID#<br>CK# 968  | Auto Dealers<br>1111 Office PK Road<br>West Des Moines, IA 50265              |  | 100.00             | <input type="checkbox"/>              |
| 12-17-07                    | ID#<br>CK#  | AL De Wiff<br>530 W. 7th St.<br>Garner, IA 50438                              |  | 25.00              | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |

SUB-TOTAL

\$ 1,013.15

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)

*Rayhons for State Representative*

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 1-13-07                               | ID#<br>CK#  | MBT BANK<br>Forest City, IA  | Minimum Bank Charge               | \$ 8.56            |
| 2-19-07                               | ID#<br>CK# 2624   | State of IA  | Capital CARDS                     | 50. <sup>00</sup>  |
| 3-30-07                               | ID#<br>CK# 2625   | Business Services  | Pom Pom Advertise-<br>ment        | 944.98             |
| 4-6-07                                | ID#<br>CK# 2626   | H.V. Rayhons<br>2820 Oak Ave.<br>GARNER, IA 50438                  | Parade Candy                      | 266.51             |
| 4-23-07                               | ID#<br>CK# 2628   | State of Iowa  | Flags                             | 440. <sup>00</sup> |
| 5-11-07                               | ID#<br>CK# 2629   | Forest City Chamber<br>of Commerce<br>Forest City, IA              | Parade FEE                        | 10. <sup>00</sup>  |
| 5-24-07                               | ID#<br>CK# 2630   | Forest City Chamber<br>of Commerce<br>Forest City, IA              | Advertisement                     | 250. <sup>00</sup> |
| 6-13-07                               | ID#<br>CK#  | MBT BANK<br>Forest City, IA  | new checks                        | 8.50               |
| SUB-TOTAL                             |   |  |                                   | \$ 1,978.55        |
| TOTAL (if last page of this schedule) |   |  |                                   | \$                 |

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)

*Rayhons for State Representative*

| DATE<br>EXPENDED<br>(MM/DD/YR) | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED   |
|--------------------------------|---|--|-----------------------------------|----------------------|
| 10-16-07                       | ID#<br>CK# 2631   | GARNER-Hayfied Schools<br>GARNER, IA 50438                         | Adoertising                       | \$ 50. <sup>00</sup> |
| ✓ 11-10-07                     | ID#<br>CK# 2632   | Winnabago Republicans<br>Forest City, IA                           | Donation                          | 100. <sup>00</sup>   |
| 11-20-07                       | ID#<br>CK# 2633   | Scarville Methodist<br>church<br>Scarville, IA.                    | Adertising                        | 10. <sup>00</sup>    |
|                                | ID#<br>CK#  |  |                                   |                      |
|                                | ID#<br>CK#  |  |                                   |                      |
|                                | ID#<br>CK#  |  |                                   |                      |
|                                | ID#<br>CK#  |  |                                   |                      |
|                                | ID#<br>CK#  |  |                                   |                      |
|                                | ID#<br>CK#  |  |                                   |                      |

SUB-TOTAL \$ 160.<sup>00</sup>

TOTAL (if last page of this schedule) \$ 2,138.55

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

SCHEDULE

F

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN       |
|--------------------------|---|--|----------------------|
| 1/22/07                  | Henry Rayhons<br>2820 Oak Ave<br>Garner, Ia. 50438                  |  | \$ 500 <sup>00</sup> |
| 3/30/07                  | Henry Rayhons<br>2820 Oak Ave<br>Garner, Ia. 50438                  |  | 1,000 <sup>00</sup>  |
|                          |   |  |                      |
|                          |   |  |                      |

TOTAL (PART I)

\$ 1500<sup>00</sup>

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAYED |
|----------------------|---|--|----------------|
|                      |   |  | \$             |
|                      |   |  |                |
|                      |   |  |                |
|                      |   |  |                |

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1500<sup>00</sup>

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.